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What's New in Communicable Diseases

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THE essential concept of the control of communicable diseases is fast changing with advances in knowledge of their transmission. Quarantine, previously emphasized, has become less important. Quarantine has been shown to be of little real value in the control of diseases of high contact communicability (measles, chicken pox, smallpox). It is of little significance in those diseases in which the spread of infection is less direct (meningococcus disease, streptococcosis, poliomyelitis, typhoid, diphtheria) where the agency of transmission involves subclinical infection and the carrier state and when isolation is imposed only upon the obviously ill. Isolation of the patient is even less of value in the control of insect-borne viruses and rickettsiae (encephalitis, typhus, Q fever).

The origin of communicable disease hospitals was the pest house, which was for the segregation of the ill from the well and not for the protection of patients from one another. The newly developed concept is for individual isolation consistent with the methods of transmission and the development of aseptic nursing by which the patient may be appropriately isolated almost anywhere, except that those diseases of extremely high contact communicability (measles, etc.) can scarcely be controlled by any manner of precaution.

The communicable disease hospital has developed away from the pest house and now exists best as a fever hospital where transmission is controlled by precautions on the part of the personnel and where the emphasis is upon superior facilities for therapy rather than enforcement of absolute quarantine. The problem of communicable disease has become identified with the general problem of infectious disease.

Read as part of Panel Discussion on What's New In Pediatrics at the 77th Annual Session of the California Medical Association in San Francisco, April 11-14, 1948.

The public has been indoctrinated in the employment of precautionary measures with resultant avoidance of many common infections during childhood. This has resulted in spreading childhood infections over a larger period of the life span and has led to some curious effects from the occurrence of these diseases in adult years. It has been seriously proposed that under primitive conditions exposure to the virus of poliomyelitis occurred commonly in infancy at a time when resultant disease was silent or non-paralytic and that better protection has caused this disease to assume epidemic proportions in older age groups with paralytic sequellae.

German measles is traditionally a childhood disease of no great significance. Its increased occurrence in older age groups has provided the evidence of its dismal effects on the fetus when it occurs early in pregnancy. This disease is more benign at an early age.

Newer methods of therapy have greatly modified the course of many infections. Antibiotic therapy and chemotherapy have caused the treatment of infections due to the streptococcus, meningococcus, pneumococcus, and other organisms to be greatly improved and simplified. Meanwhile latent effects of antigen stimulation have become recognized as important in the production of late sequellae. This applies strongly to streptococcal diseases in which rheumatic sequellae are seen long after the stage of acute pyogenic infection and is doubtless significant in many other infections, possibly serving to explain some of the late complications of virus infections such as the encephalitides which complicate the exanthemata.

Certain infections have been little influenced by new methods of therapy. Diphtheria is demonstrably best controlled by immunization and best treated by antitoxin. Warnings of increased incidence point mostly to greater morbidity and mortality in older

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EDITORIAL

Banking on Blood

The value of blood as a therapeutic agent is so universally recognized today that scientific argument on it has ceased. On the other hand, the means and methods of obtaining and distributing human blood and blood derivatives continue to form the basis for much argument that is not all scientific.

Present-day discussion along these lines extends from coast to coast and border to border. A variety of opinions emerges, each type attracting its own adherents, but the basic question appears now to come down to about this: Should blood be distributed gratis by publicly-supported social agencies or should it come from self-supporting non-profit organizations which contribute scientific control and are largely in the hands of the medical profession? This question has been highlighted in the past year by the entry of the American Red Cross upon the blood banking scene. The Red Cross has adopted a national policy of fostering blood banks in all major cities of the country for the collection and distribution of blood, without charge, to all who may need it.

The possibility of disrupting established community non-profit blood banks has been seen by the Council of the C.M.A. in the Red Cross program. It has been discussed in the A.M.A. House of Delegates. The discussions resulted, early this year, in the appointment by the C.M.A. Council of a Blood Bank Commission, composed of members known for their interest in and knowledge of modern blood banking methods. This commission has actively worked toward the establishment of blood banks at the community level in strategic California cities and has achieved a large measure of success in its first few months of operation. The commission has discovered throughout the state a lack of knowledge of the underlying considerations of the Red Cross program as compared with the non-profit approach which has been so successful in this state.

Because the following progress report made by Dr. John R. Upton, chairman of the Blood Bank Commission, raises questions that will arise in your own community one of these days, if they have not already done so, it is highly recommended reading.

* * *

"A long range blood bank program has been planned for the State of California. If it is to be carried through, a full understanding of the present blood bank system is necessary. To this end, the following summary of pertinent facts:

"At present there are blood banks of five different types operating in the state. There are seven community or non-profit banks, eight county hospital banks, sixteen banks in private hospitals, several privately owned banks run for profit, and at least four in which the Red Cross is interested and from which blood is dispensed free of charge.

"In 1946 the California State Department of Public Health appointed a committee to study the blood coverage requirements of the State, to suggest a plan of action, and then to write a bill for presentation to the State Legislature. Representatives of the California Medical Association, county medical societies, community blood banks, osteopathic surgeons, Hospital Conferences, and California State Nurses' Association were interviewed. An excellent survey of the state was made by the Department of Public Health. Out of the long and exhaustive meetings

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NOTICES AND REPORTS

Executive Committee Minutes

Tentative Drafts: Minutes of the 210th, 211th and 212th Meetings of the Executive Committee of the California Medical Association.

The meeting was called to order by the Chairman at the Family Club, San Francisco at 7 p.m., Wednesday, July 21, 1948.

Roll Call:

Present were President Askey, President-Elect Kneeshaw, Speaker Alesen, Council Chairman Bruck and Auditing Committee Chairman Shipman, Chairman of the Executive Committee. A full committee present and acting. Ex-officio member present: Secretary-Treasurer Garland. Ex-officio member absent, Editor Wilbur.

Present by invitation were Doctor Dwight H. Murray, Chairman of Committee on Public Policy and Legislation; Doctor C. K. Cooley, secretary of California Physicians' Service; Mr. Ben H. Read, executive secretary of the Public Health League of California; Mr. Clem Whitaker, Public Relations Counsel; Mr. Howard Hassard, Legal Counsel, and Mr. John Hunton, Executive Secretary.

1. *Selective Service:*

A letter from Governor Earl Warren of California was read, in which he requested that physicians in various areas of the state be selected for appointment to medical advisory boards under the new Selective Service Act. The appointees would be called upon to review cases where manifestly disqualifying conditions were claimed by potential draftees, the armed services performing their own induction physical examinations. On motion duly made and seconded, it was voted that the county medical societies in the areas involved be asked to nominate physicians for such appointment.

2. *C.M.A. Constitution and By-Laws:*

It was pointed out that the 1948 House of Delegates had approved a resolution calling for the appointment of a five-member committee to review the Association's Constitution and By-Laws. On motion duly made and seconded, it was voted to refer this matter to the Chairman of the Council, which body should consider the Chairman's recommendations for such appointments at its next meeting.

3. *State Department of Public Health:*

Doctor Bruck reported that he, acting as a member of the committee to study chronic diseases for the State Department of Public Health, had declined to send to the secretaries of the county medical societies a letter which he believed to contain leading questions. Instead, a modified version of this letter, prepared by a representative of the State Department of Public Health, had been sent; however, the original letter had been sent to county health officers by a county health officer who is also a member of this study committee. It was agreed that copies of both letters should be sent to all members of the Council so that they could see the approach being made on this question. (Copies of both letters are attached hereto and made a part of these minutes.)

The recent action of the American Public Health Association in appointing a committee for the creation of a section on medical care was discussed and it was regularly moved, seconded and voted that the American Medical Association be requested to secure adequate representation at meetings of the American Public Health Association.

4. *California Society for Crippled Children-Epilepsy Program:*

Doctor Bruck reported that further conferences had been held with representatives of the California Society for Crippled Children and that a definite program appeared in the making, with the proposed case-finding program to be abandoned and with the county medical societies to handle the program in their own areas. A further report is to be made to the Council.

5. *Public Policy and Legislation:*

Doctor Murray reviewed some of the measures which will appear on the November general election ballot as initiative measures and placed particular